

DEPOSIT REFUND

*****RESIDENT – PLEASE FILL OUT INFORMATION BELOW DOTTED LINE**

VENDOR # _____

CD# _____

APPROPRIATION# 604001390 W _____

APPROPRIATION# 609001390 S _____

CHECK ONE:

REFUND _____

APPLY TO BILL _____

DATE: _____

NAME: _____

ADDRESS: _____

ACCOUNT#: _____

I am requesting the refund of my deposit made for water/sewer. I understand that when I move out of the home or business location, the deposit stated above will not be applied to my final bill. Upon moving to another location in Griffith, a new deposit will be required.

RESIDENT SIGNATURE: _____

UTILITY CLERK SIGNATURE: _____